

Do not send entire page - cut form at dashed line.

**FORM VA-6**  
**(DOC ID 306)**

**VIRGINIA DEPARTMENT OF TAXATION**  
P.O. BOX 1278, RICHMOND, VA 23218-1278  
FOR INFORMATION CALL (804) 367-8037

Please do not  
fold or staple

EMPLOYER'S ANNUAL OR FINAL SUMMARY OF VIRGINIA INCOME TAX WITHHELD

1. JAN			5. MAY			9. SEP 3 <sup>rd</sup> QTR		
2. FEB			6. JUN 2 <sup>nd</sup> QTR			10. OCT		
3. MAR 1 <sup>st</sup> QTR			7. JUL			11. NOV		
4. APR			8. AUG			12. DEC 4 <sup>th</sup> QTR		

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CALENDAR YEAR	DUE DATE	ACCOUNT NUMBER	FEIN

13. TOTAL PAYMENTS  
(Lines 1 thru 12) →

14. TOTAL VA TAX  
WITHHELD ON W-2  
AND/OR 1099  
STATEMENTS →  
(e.g. 1099R)

15. ADDITIONAL  
PAYMENT →

16. ENTER THE TOTAL NUMBER OF W-2 AND/OR  
1099 STATEMENTS (STATE COPY) SENT WITH  
THIS REPORT →

A COPY OF EACH W-2 AND/  
OR 1099 STATEMENT (STATE  
COPY) FOR WHICH VIRGINIA  
WITHHOLDING WAS RE-  
QUIRED MUST BE FILED  
WITH THIS REPORT.

NOTE: IF LINE 13 IS GREATER THAN LINE 14 WRITE  
EXPLANATION ON BACK OF FORM VA-6.

☐ CHECK HERE IF PAID BY EFT

Please do not write below this line

I declare that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

SIGNATURE

DATE

TELEPHONE NUMBER